PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

MP190-002 CP2 PVICN

BCN3M

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPEO			OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			5					RATE	FEE	1	RATE	FEE
FO)R		NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
тс	TAL CHARGEA	ABLE CLAIMS	5 minus 20=		*	*		X\$ 9=		OR	X\$18=	
INE	DEPENDENT CL	_AIMS	3 minus 3 =		*			X43=		OR	X86=	
MU	LTIPLE DEPEN	NDENT CLAIM PE	RESENT					+145=		OR	+290=	
* If	the difference	e in column 1 is	less than ze	∍ro, enter	· "0" in c	olumn 2	L	TOTAL		OR	TOTAL	770
	С	•	MENDED	MENDED - PART II				SMALL	ENTITY	OR	OTHER SMALL	
_		(Column 1)	·	· (Colum		(Column 3)	r	SIVIALL		Un 1	SIVIALL	
ENT A		REMAINING AFTER AMENDMENT		NUME PREVICE PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=		OR	X86=	
L	FIRST PRESE	ENTATION OF MU	JLTIPLE DEF	'ENDEN I	CLAIM			+145=		OR	+290=	
								TOTAL			TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)								ADDIT. FEE		1	AUDII. FEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHI NUME PREVIC PAID I	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=	; 	OR	X\$18=	
	Independent	*	Minus *** N OF MULTIPLE DEPENDENT CLA			=		X43=		OR	X86=	
	FIRST PRESE	NIAHON OF MC	JETIPLE DEP	ENDEN	CLAIM		1	+145=		OR	+290=	
								TOTAL DDIT. FEE			TOTAL ADDIT. FEE	
		(Column 3)	^	DDH. FEE •			AUDII. I CI-					
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUME PREVIO PAID F	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus *** PF MULTIPLE DEPENDENT		- >: 4184	=		X43=		OR	X86=	
	FIRST PRESE		+145=		OR	+290=						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE										OR	TOTAL ADDIT. FEE	
		mber Previously Pa ober Previously Paid					r four	nd in the app	ropriate box	in col	umn 1.	